

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2	/	/	/			
3	/	/	/			
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TOTAL IND.	2		2			
TOTAL DEP.	12	→	5	→		→
TOTAL CLAIMS	14		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		→		→		→
TOTAL CLAIMS						